

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10	1					
11		1				
12						
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46						
47						
48						
49						
50						
TOTAL IND.	3		1		1	
TOTAL DEP.	11		1		1	
TOTAL CLAIMS	14		1		1	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.			1		1	
TOTAL DEP.			1		1	
TOTAL CLAIMS			1		1	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS